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CONFIRMATION NO. 5816

Bib Data Sheet

SERIAL NUMBER 09/029,251	FILING DATE 03/09/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5860
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APPLICANTS

THIERRY POURCHEZ, BETHUNE, FRANCE;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/FR96/01346 09/04/1996

**** FOREIGN APPLICATIONS *******

FRANCE 95/10573 09/05/1995

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS

FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

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FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/029,251	03/05/98	604	3734	5860

APPLICANT

THIERRY POURCHEZ, BETHUNE, FRANCE.

CONTINUING DOMESTIC DATA***

VERIFIED

SS

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/FR96/01346 09/04/96

SS

FOREIGN APPLICATIONS***

VERIFIED FRANCE 95/10573

09/05/95

SS

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>SS</u> Examiner's Initials _____ Initials _____					

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TITLE

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SERIAL NUMBER:	09 / 029251 ✓	RECEIPT DATE:	03 / 05 / 98
IA NUMBER:	PCT/ FR96 / 01346 ✓	IA FILING DATE:	09 / 04 / 96
FAMILY NAME:	POURCHEZ ✓	DELAY WAIVED (Y/N):	N
GIVEN NAME:	THIERRY ✓	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y ✓	PRIORITY DATE:	09 / 05 / 95
NO BASIC FEE (Y/N):	N ✓	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	5820 ✓	COUNTRY:	FRX
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	SUITE 600 ✓		
CITY:	FALLS CHURCH ✓		
STATE/COUNTRY:	VA ✓		
ZIP:	22041 ✓		
APPLICATION TITLES:	MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS ✓		

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